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**Urgent Care 24**

## Management of Challenging Behaviour

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## **1.0 POLICY STATEMENT AND PURPOSE**

- 1.1** This policy outlines the management of conflict and aggression by patients, relatives and visitors against staff working for Urgent Care 24. It recognises that certain situations may arise where a member of staff faces aggression from a member of the public. This may be defined as both non physical and physical aggression.
- 1.2** Urgent Care 24 recognises that it has a legal and moral duty “so far as is reasonably practicable” to protect its staff. Urgent Care 24 is committed to supporting staff in the event of adverse situations and recognises that the provision of a safe working environment is paramount. Violent, aggressive, anti-social or abusive behaviour towards its staff during the course of their duty will not be tolerated. Decisive action will be taken against offenders to protect staff, which could result in the withdrawal of treatment.
- 1.3** Violence or anti-social behaviour by staff is a matter of conduct and may constitute a criminal or civil offence. Instances will be dealt with through the Urgent Care 24’s Disciplinary Policy and may be referred to the Police and relevant professional bodies as appropriate.
- 1.4** Violence or anti social behaviour by patients, relatives and visitors may also constitute a criminal offence. Instances will be dealt with through this policy and may also be referred to the Police and relevant professional bodies as appropriate.
- 1.5** The policy reflects the national guidance from the NHS Security Management Service who has the remit of encompassing all policy and operational responsibility for the management of security within the NHS (Statutory Instrument 3039/2002). The remit is broad but can be defined as protecting people and property, so that the highest standard of clinical care can be given to patients.
- 1.6** The policy sets out a framework of good practice, recognising the need to ensure that all legal, ethical and professional issues have been taken into consideration. It aim is to help staff to act appropriately and in a safe manner, so ensuring effective responses in potential or actual difficult situations.
- 1.7** The policy details the legal definitions of Physical and Non-Physical assaults and to provide detailed guidance to all frontline staff in dealing with violent, abusive, threatening, intimidating, harassment and inappropriate behaviours of those who use the services provided by Urgent Care 24, or those who visit

the organisation or seek to commit criminal acts on Urgent Care 24's premises and property.

- 1.8** This policy provides staff with a written procedure concerning the nature, circumstances and management of violent and aggressive behaviour. The aim is to offer guidance and promote positive practice to protect staff, patients and visitors who may be exposed to aggression and violence in any health care setting within Urgent Care 24.
- 1.9** The management of disturbed and violent behaviour frequently can involve interventions to which an individual does not or cannot consent. It is therefore essential that Urgent Care 24 staff use interventions that are in accordance with best practice and the law. Failure of the organisation to act in accordance with guidelines i.e. law, both criminal and professional, may not only be a failure to act in accordance with best interest but in some circumstances have legal consequences. Any intervention used to manage disturbed or violent behaviour must be reasonable and proportionate response to the risk it seeks to address. This policy also outlines the role and legal obligations in the use of physical restraint and interventions.

## **2.0 SCOPE**

- 2.1** This policy applies to all staff of Urgent Care 24 and all those who have contact with the services provided by Urgent Care 24. This policy is in relation to all incidents of violence and aggression.

## **3.0 DEFINITIONS**

- 3.1** Violence is defined as 'The intentional application of force against the person of another without legal justification resulting in physical or personal discomfort'. NHS Security Management Service
- 3.2** Violence and aggression can be further defined as: "Any incident where staff are abused, threatened or assaulted in circumstances relating to their work, involving an explicit or implied challenge to their safety, well being or health". This includes harassment, which is defined as "Unwanted, unsolicited and inappropriate words or conduct affecting the dignity of another".  
Non physical assault can be defined as 'the use of inappropriate words or behaviour causing distress and/or constituting harassment'. Examples include the following:

- Bullying, victimisation or intimidation

- Offensive gestures
- Abusive remarks
- Threats or risk of serious injury to a member of staff, fellow patients or visitors
- Brandishing of objects or weapons
- Near misses or unsuccessful physical attacks
- Alcohol or drug fuelled abuse
- Destruction of or damage to property

3.3 NHS organisations have responsibilities under the Health and Safety at Work Act 1974, particularly in relation to employers ensuring, as far as is reasonably practicable, the health, safety and welfare of employees at work. The H&S at Work Act (1974) states all employees have duties under Health and Safety Law to take reasonable care for the health and safety of themselves and others.

The Management of Health and Safety at Work Regulations, (1999) state:

- Regulations require employers to assess risks to employees and non employees and make arrangements for effective planning, organisation, control, monitoring and review of health and safety risks.
- Where appropriate, employers must assess the risks of violence to employees and, if necessary, put in place control measures to protect them.

## **4.0 RELATED POLICIES AND PROCEDURES**

4.1 This policy should be read in conjunction with the following Urgent Care 24's policies and procedures:

- a. Lone working and Chaperone Policy
- b. Incident Reporting Policy
- c. Data Protection and Confidentiality Policy
- d. Health and Safety Policy
- e. Disciplinary Policy
- f. Privacy and Dignity Policy
- g. Handling aggression (Standard Operating Procedure)
- h. Clinical Governance Framework

## **5.0 ROLES AND RESPONSIBILITIES**

- 5.1 The Health and Safety Executive, NHS Security Management Service and Secretary of State's Directions 2003 place certain statutory, operational and advisory responsibilities on individuals, authorities, organisations and groups in respect of Managing Violence & Aggression. These responsibilities are detailed in this section, to assist with the management of violence and aggression:
- 5.2 **Full Board:** The Full Board has corporate responsibility for the implementation of this policy and must consider the security management policy in its implementation and have knowledge of how to access details of current legislation in order to understand their own liability pertaining to security and the management of violence & aggression.
- 5.3 **Chief Executive Officer:** The Chief Executive Officer has a responsibility to ensure that the appropriate arrangements operate within Urgent Care 24 for reducing the risk of violence and abusive behaviour against staff and others and for ensuring as far as reasonably practicable the security of the assets and buildings, in accordance with legislation including The Health & Safety at Work Act 1974 and the Management of Health & Safety at Work Regulations 1999
- 5.4 **Managers:** Senior Managers have a responsibility to ensure that arrangements are in place within their areas to identify, manage and assess the risk to staff from violent and aggressive patients and/or visitors to Urgent Care 24. Regular reviews should be carried out in line with the organisation's Risk Management Strategy and reported via relevant meetings and committees. Such assessments must take into account:
- Identification of the staff groups that are exposed to risk in particular Lone Workers (See also Lone Working and Chaperone Policy)
  - Assessment of working conditions – normal/abnormal, hazardous conditions
  - Evaluation of physical ability to carry out duties that carry risks associated with potential perpetrators, such as being pregnant, disabled or inexperienced
  - Estimation and assessment of “emergency” equipment that may be required such as the ability to raise an alarm in the event of an incident, room layout for 1:1 interactions and local procedure for managing such situations across the organisation.
- 5.5 **All Staff:** All staff has a duty to contribute to the minimisation of risk relating to risk and safety matters within their area or sphere of practise. Urgent Care

24's training and appropriate policies must be followed to reduce risks to a minimum. Staff shall undergo the training that has been identified within the organisation's training needs analysis. All staff have must act in accordance with Urgent Care 24's polices at all time make themselves familiar with the contents of this policy and understand its relevance to organisational aims and objectives. Staff will be expected to co-operate in any enquiry into such incidents. Staff must also report to their line managers any personal conditions which may affect their capability to undertake certain activities.

- 5.6 **Incident Reporting Policy.** Urgent Care 24's Incident Reporting system shall be utilised as per the Incident Reporting policy All related incidents such as issues of violence and aggression shall be reported to the in the first instance to their line Manager or a relevant Manager, as per the Incident Reporting Policy. Staff that have been issued with equipment to reduce the risk to themselves shall utilise them to the full ability at all times and ensure that the equipment is fully functional i.e. mobile phones are fully charged etc any fault should be reported to the supplier of that equipment in the organisation.

## 6.0 TRAINING

- 6.1 It is paramount that all staff are equipped with the skills and techniques to ensure that they are confident and competent when faced with an incident relating to aggression/violence or safety.
- 6.2 Urgent Care 24 shall provide sufficient training in aspects of "Dealing with Conflict and Aggression" to ensure that all front line staff (those directly dealing with members of the public) have been trained in accordance with the training needs analysis of the organisation.
- 6.3 This training is mandatory for all staff, with the following learning outcomes to be achieved:
- The causes of violence or aggression
  - The recognition of the warning signs.
  - De-escalation and "breakaway" techniques
  - Details and practice of this policy
- 6.4 Should a specific risk be identified and specific training be required this shall be provided appropriately. The required training will be organised through the Management Team and following consultation with the Executive Directors.

6.5 Records of the training will be maintained by the Human Resources Department in terms of:

- Confirmation of attendance
- The programme of training
- Achieved training outcomes
- Any follow up action that is required and by whom

## **7.0 PROCEDURE**

7.1 The following examples of the types of Physical Assaults are covered in the list below (Please note that this is by no means an exhaustive list):

- An assault involves an intentional, unlawful threat to cause bodily harm or injury
- A circumstance which creates in the other person a well-founded fear of imminent peril or danger
- Battery - the wilful or intentional touching of a person against that person's will by another person
- Offensive touching
- Sexual assault-sexual contact against a person's consent or will
- Unwanted physical contact by another
- Physical contact on a person that has resulted in bodily harm and injury

7.2 It is very difficult to provide a comprehensive description of all types of incidents that are covered under the non-physical assault definition; however, examples of the types of behaviour covered are listed below:

- Offensive language, verbal abuse and swearing which prevents staff from doing their job and makes them feel unsafe;
- Racial or religiously aggravated comments or derogatory remarks;
- Offensive sexual gestures, behaviours or remarks
- Loud and intrusive conversation;
- Unwanted or abusive remarks;
- Negative, malicious or stereotypical comments;
- Invasion of personal space;
- Brandishing of objects or weapons;
- Near misses, i.e. unsuccessful physical assaults
- Offensive gestures;
- Threats or risk of serious injury to a member of staff, fellow patients or visitors;
- Bullying, victimization or intimidation



- Stalking a member of staff;
- Spitting at a member of staff;
- Alcohol or drug fuelled abuse;
- Any of the above linked to destruction or damage to Staff's or Urgent Care 24's property

- 7.3** Unacceptable/inappropriate behaviour can be defined as any incident where a staff member feels, harassed, abused, threatened, bullied (not by a colleague), insulted, or assaulted in circumstances relating to their work or whilst they are at work. It is for the recipient to determine whether any behaviour is unacceptable.
- 7.4** The key issue to consider is the impact of the behaviour on the individual, recognising that there will be occasions where there was no intent to harass or offend. All complaints under this policy, whether formal or informal, will be fully and fairly investigated and will be treated sensitively and confidentially.
- 7.5** It is important to note that the above-mentioned examples of Physical and Non-Physical assaults can be either be displayed in person or by telephone, letter or e-mail or any other form of communication.
- 7.6** Following an alleged physical assault on a member of staff, their line manager or relevant colleague must be informed. They in turn will contact an Executive Director if appropriate. The Manager will assess the immediate situation, provide the necessary support and contact the police.
- 7.7** If the Manager has reached the conclusion that the assault was not intentional and that the patient did not know what he was doing, or did not know what he was doing was wrong due to the nature of his medical illness, mental ill health or severe learning disability or the medication administered to treat such a condition, decisions must have regard to the patient's capacity. Where possible appropriate clinical advice and guidance as to this capacity sought be obtained. The view of the person assaulted should also be sought in each incident.
- 7.8** All incidents both physical and non physical assaults must be reported using Urgent Care 24's Incident Reporting form as per the Incident Policy. The Shift Supervisor and/or Line Manager must also be informed at the first available opportunity. Additionally, the Manager On-Call system shall be notified and advice given in terms of the next step.
- 7.9** In the event of a physical assault the Police must be contacted and a crime number obtained and recorded on an incident report form.

- 7.10** If a member of the public makes verbal threats to any member of staff actions will be taken to safe guard and support the staff concerned. Each member of staff has the right to be protected from the threat of harm. Any threat to harm a member of staff or their family by a member of the public must be taken seriously in all instances. When a threat is received the following should be followed:
- The staff member's Line Manager must be contacted immediately and informed of the incident details;
  - The staff's line manager and/or on call Manager will decide on what action is appropriate.
  - The Manager will contact the staff member concerned and the specific threat and circumstances will be outlined to them
  - The details of the threat must be recorded using Urgent Care 24's Incident Reporting form; In all cases of serious threat the police must be informed and decisions made as to what action is to be taken
  - Support must be offered to the member of staff concerned via the Line Manager or on Call Manager
  - An Incident Review must be arranged if appropriate
  - When completing the incident report form, staff must include;
    - Nature of threat
    - History involved
    - Risk history of person making threat.
    - Action already taken
- 7.11** All other non physical assaults must be reported to the appropriate manager at the earliest opportunity for appropriate action to be decided and taken.
- 7.12** Once the incident has been reported, the Customer Services Co-ordinator will obtain all necessary information and evidence at the earliest opportunity. They will then ensure that the investigation is carried out by the relevant Manager (Investigating Officer). The Manager will produce an investigation report, highlighting any recommendations and action plans (including timescales for implementation).
- 7.13** Where appropriate, an incident review will be held with key members of staff to examine the details of the incident and the findings of the investigating officer, including recommendations. An overview of these will be published on Urgent Care 24's Intranet and in line with the Data Protection and Confidentiality Policy.

- 7.14** Urgent Care 24 will ensure that full co-operation is given to the police in respect of an investigation and any subsequent action, including ensuring appropriate access to personnel, premises and records, whether electronic or otherwise considered relevant to the investigation.
- 7.15** Appropriate action will then be decided and taken with regard to the patient, relative or visitor's behaviour, dependent on the nature and context of the incident and regardless of the decision and actions of the police. This may involve discussions and meetings with relevant external agencies, who may include the patient's General Practice.
- 7.16** All incidents will reported internally to the Management Team, the Executive Directors and the Full Board. The Chief Operating Officer will also report significant incidents for the external scrutiny by the Contract Monitoring Board and Quality Improvement Group.

## **8.0 SUPPORT**

- 8.1** It is important that while attention is being paid to the perpetrator the needs of the victim are not overlooked. People may be traumatised by a violent incident and it is important that any debriefing does not just focus on how they performed but addresses the effects on them as individuals.
- 8.2** Staff will be offered factual debriefing by a Manager which reflects the seriousness of the incident and support required by the member of staff. This should occur as soon as possible after the event and when the staff member feels would be beneficial.
- 8.3** Victims of physical assault requiring medical attention should be referred to the Minor injuries units or local walk in centre as appropriate or, if a serious trauma or out of hours, the nearest and most appropriate A&E. Wherever possible, a colleague should accompany the victim.
- 8.4** In the event of any police involvement it is essential that the victim of any assault be given the appropriate support through any investigation.
- 8.5** In any incident that involves a member of Urgent Care 24's staff as the offender and charges are brought by the police, disciplinary action will be taken as per the Disciplinary Policy

## **9.0 THE USE OF PHYSICAL RESTRAINT**

- 9.1** Physical restraint is defined as ‘ *an intervention that prevents a person from behaving in ways that threaten to cause harm to themselves, others or to property*’.
- 9.2** There may be occasions and in specific services provided by Urgent Care 24 where the use of physical interventions is considered. The following are to be considered at all times in these situations.
- 9.3** Staff must not restrain a visitor unless their safety or the safety of others is compromised.
- 9.4** The use of physical interventions on patients should only be used as a last resort and with thoughtful consideration for the self-respect, dignity, privacy, cultural values and any special needs (e.g. mental/physical disability) that the patient may have;
- a. The level of force applied must be justifiable, appropriate, reasonable and proportionate to a specific situation and be applied for the minimum possible amount of time.
  - b. Techniques that cause pain or discomfort pose major ethical, legal and moral difficulties.
  - c. All staff using physical interventions do so in accordance with their code of professional practice/conduct. Where staff are not professionally bound by a code, they must always act within the policies of Urgent Care 24 and for their particular discipline, e.g. nursing and the NMC, Social Care and the General Social Care Council.
  - d. Any person subject to physical interventions will be physically monitored throughout the incident. Post incident the medical needs of the service user will be reviewed and appropriate treatment put in place, including measures to deal with the possibility of restraint/positional asphyxia.
  - e. Under no circumstances should any restraint take the form of tying (whether by means of tape or by using a part of the patient’s garments) to some part of a building or to its fixtures or fittings. Police interventions such as leg ties and handcuffs can only be used by police officers and not Urgent Care 24 staff.

- f. Following the use of physical interventions, an Incident Reporting Form will be completed and sent to the Customer Services Coordinator. An Incident Review will take place at the earliest opportunity and facilitated by the appropriate Manager, with the discussions and findings being documented.

## **10.0 CONFIDENTIALITY AND DATA PROTECTION**

- 10.1** Staff at Urgent Care 24 must at all times adhere to the Confidentiality and Data Protection policy.
- 10.2** The Data Protection Act 1998 has several exemptions to enable appropriate disclosure of information and data. These include the prevention and detection of crime and the apprehension and prosecution of offenders. Additionally, the Human Rights Act 1998 allows a person's privacy to be breached where this is: *'...in accordance with the law and necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others'*
- 10.3** The General Medical Council guidance *Confidentiality: Protecting and Providing Information*, paragraph 27, states that: *'Disclosure of personal information without consent may be justified in the public interest where failure to do so may expose the patient or others to risk of death or serious harm'*.
- 10.4** The Nursing and Midwifery Council Code of Professional Conduct states: *'If you are required to disclose information outside the team that will have personal consequences for patients or clients, you must obtain their consent. If the patient or client with holds consent, or if consent cannot be obtained for whatever reason, disclosures may only be made where';*
- They can be justified in the public interest (usually where disclosure is essential to protect the patient or client or someone else from the risk of significant harm).
  - The unlawful possession of an offensive weapon in an NHS healthcare environment does present a serious risk of harm to staff, patients or others.
- 10.5** Such disclosure should be recorded on an Incident Reporting for monitoring and audit.

## **11.0 AUDIT**

- 11.1** An annual audit of incidents of violence and aggression and for those incidents where physical interventions were required will occur.
- 11.2** The final audit report, along with any action plans (including timescales for implementation and completion) will be discussed at the Management Team and the Executive level. The report will then be presented to the Clinical Governance and Risks Committee prior to presentation at the Full Board.

## **12.0 THE HUMAN RIGHTS ACT 1998**

- 12.1** This policy has been completed in line with the provisions of the Human Rights Act 1998.

